

PCP Referrals & Precertification



You need a PCP referral except for the following direct access services:

- Behavioral Health Services
- OB GYN Care
- Urgent Care
- Emergency Room
- Routine Eye Exams

A number of services require precertification prior to services being performed. Your ordering physician will request precertification on the following services. A referral is not required to obtain these services:

- High Tech Radiology Services such as MRIs/MRAs, nuclear studies, and pet scans
- Inpatient Stays
- Sleep Studies

Definitions



Direct Access: Ability to obtain a benefit by going to a specialist without a prior written referral from the primary care physician.

Referral: means specific written or electronic direction or instruction from a Plan participant's PCP, in conformance with Aetna's policies and procedures, which direct the Plan participant to a participating provider for medically necessary care.

Precertification or Precertify: A process where Aetna is contacted before certain services are provided, such as hospitalization or outpatient surgery, are prescribed to determine whether the services being recommended are considered covered expenses under the plan. It is not a guarantee that benefits will be payable.

PCP vs Specialist & Capitation



Primary Care Physician (PCP): a participating physician who supervises, coordinates, and provides initial care and basic medical services. Under the Plan's HMO plan design, Members are required to choose a primary care provider who will issue referrals to specialists.

· Who can be a PCP: General or Family Care Practitioner, Internal Medicine, or Pediatrician

Specialist: a physician who provides medical care in any generally accepted medical or surgical specialty or sub-specialty

 Who can be a Specialist: Cardiologist, Orthopedist, Physical Therapist, Surgeon, etc. (refer to Aetna's Provider Search for a complete list)

Capitation: a system by which Members' access to certain providers are assigned by the Plan based on primary care provider selection and provider reimbursement. Under the Plan's HMO plan design, Members are required to choose a primary care provider who will issue referrals to specialists. In New Castle County, the choice in primary care providers will also automatically assign specific Podiatrists, Radiologists, and Physical Therapists. These specialists were carefully selected by the primary care provider.

New Castle County PCP: Members who choose a New Castle County PCP must receive referral to specialists. New Castle County PCPs will also automatically assign specific Podiatrists, Radiologists, and Physical Therapists. These specialists were carefully selected by the primary care provider. If the Member receives Podiatry, Radiology, and Physical Therapy (PT) services from any other provider, whether or not in the Aetna provider network, there will be no coverage under the Plan except for emergencies.*

Specialists should redirect Members back to their selected PCP for referrals to the appropriate capitated provider.

*Members under the age of 12 or over the age of 65 can go to any participating podiatrist or PT site.

Kent or Sussex County PCP: Members are required to choose a primary care provider and obtain referrals to see specialists but they are not required to see specifically assigned Podiatrists, Radiologists, and Physical Therapists.

Note: Members who choose a primary care provider (PCP) that is located outside of Delaware should discuss the appropriate referral process with their PCP before seeing a specialist.

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